

Treatment: Surgery, if localized. Radiation therapy and chemotherapy are often needed in combination with surgery if the disease has spread.

Survival: For cases detected when the disease is still localized, the survival rate is 49%; however, only 15% of lung cancers are discovered that early.

Prostate

New Cases: In 2006, there will be an estimated 234,460 new cases in the United States and 4,890 new cases in Tennessee. Incidence is significantly higher in African American men.

Deaths: An estimated 27,350 deaths are expected in 2006 in the United States. Tennessee expects approximately 570 deaths. Prostate cancer is the second leading cause of cancer death in men.

Signs and Symptoms: Weak or interrupted urine flow; inability to urinate or difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; pain or burning during urination; continual pain in lower back, pelvis or upper thighs.

Risk Factors: Risk increases with age; more than 75% of all prostate cancers are diagnosed in men over age 65. African - Americans have the highest prostate cancer incident rates in the world. Approximated 5 to 10% of prostate cancers may be inherited. Dietary fat may also be a factor.

Early Detection: Beginning at age 50, men should talk with their health care professional about having a digital rectum exam of the prostate gland and a prostate-specific antigen (PSA) blood test every year. African - Americans or men who have a family history of prostate cancer should consider beginning these tests at an earlier age.

Treatment: Surgery and radiation, depending on patient's age and stage of cancer. Possibly hormones and/or chemotherapy for metastatic disease.

Survival: The five-year relative survival rate for patients with localized tumors is 100%. Ninety-two percent of men diagnosed with prostate cancer survive 10 years and 61% survive 15 years.

Female Breast Cancer

New Cases: In 2006, there will be an estimated 212,920 new cases in the United States and 4,630 new cases in Tennessee. It is the most frequently diagnosed cancer in women.

Deaths: An estimated 40,970 women in the United States and 890 women in Tennessee will die with breast cancer in 2006. Breast cancer is the second leading cause of cancer death in women in the United States.

Signs and Symptoms: Abnormal mammogram is usually the earliest sign. May include a breast lump, thickening, swelling, distortion, or tenderness; skin irritation or dimpling; and nipple pain, scaliness or retraction.

Risk Factors: Risk increases with age. Higher in women with a family history of breast cancer; atypical hyperplasia; a long menstrual history; recent use of oral contraceptives or postmenopausal estrogens; never having children or having the first child after age 30; daily alcohol use; and higher education and socioeconomic status. Fat intake may be a factor.

Early Detection: Mammography can identify breast abnormalities at an early stage. Early detection increases survival and treatment options. Women age 40 and older should have an annual mammogram and an annual clinical breast exam; they should also perform monthly breast self-examinations. Women ages 20-39 should have a clinical breast exam every three years and should perform monthly breast self-examinations.

Treatment: Lumpectomy, mastectomy, radiation therapy, chemotherapy or hormone therapy. Often two or more methods are used in combination.

Survival: The five-year relative survival rate for localized breast cancer is 98%; for regional spread, 80%; and for metastases, 26%. Seventy-seven percent of women diagnosed with breast cancer survive 10 years, and 88% survive 15 years.

Colorectal Cancer

New Cases: In 2006, an estimated 148,610 cases will be diagnosed in the US and an estimated 3,310 will be diagnosed in Tennessee. This is the third most common cancer in men and women.

Deaths: An estimated 55,170 deaths will occur in 2006 in the US (accounting for 10% of all cancer deaths) and 1,230 deaths in TN.

Signs and Symptoms: Rectal bleeding, blood in the stool, a change in bowel habits.

Risk Factors: Risk increases with age; family history of colorectal cancer or polyps, and inflammatory bowel disease. Other possible risk factors include physical inactivity, high-fat and/or low-fiber diet, and inadequate intake of fruits and vegetables.

Early Detection: Beginning at age 50, men and women should have a digital rectal exam and one of the following: a fecal occult blood test and flexible sigmoidoscopy; colonoscopy; or double-contrast barium enema. People with a family history of colorectal cancer or polyps, or chronic inflammatory bowel disease should begin screening earlier and/or undergo screening more often.

Treatment: Surgery is frequently curative for localized disease. Chemotherapy and/or radiation in combination with surgery if disease has spread.

Survival: The five-year relative survival rate for the early, localized stage is 90%; with regional spread, 67%; with distant metastases, 10%. Fifty-seven percent of persons diagnosed with colorectal cancers survive 10 years.



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FOR MORE INFORMATION

Call the **Tennessee Cancer Registry** at
(615) 741-5548 or (800) 547-3558

www2.state.tn.us/health/TCR

Or the **American Cancer Society** at (800) ACS-2345

www.cancer.org

Cancer Profiles

Tennessee



A Fact Sheet from the Tennessee Cancer Registry.
Source: American Cancer Society, Cancer Facts & Figures 2006.
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WHAT IS CANCER?

Cancer is a group of more than 100 different diseases all characterized by uncontrolled growth and spread of abnormal cells. Cancer risk varies by age, gender and race. As the average age of the population increases, the incidence of cancer will increase as well.

In general, 65-80% of all cancers are related to personal lifestyle or environmental factors such as smoking and diet, and are therefore preventable. The American Cancer Society estimates that in 2006 more than 170,000 cancer deaths are expected to be caused by tobacco use. Other factors such as age, gender and family history are also associated with cancer and aid in the identification of people at high risk.

CANCER IN TENNESSEE

In 2005, approximately 31,080 Tennessee residents were diagnosed with cancer. These numbers are projected to increase in the year 2006 (Figure 1). The majority of new cases of cancer occur at four sites: lung, prostate, female breast and colorectal.

Figure 1: Expected New Cancer Cases in 2006

Cancer Site	Tennessee	United States
Lung	4,680	174,470
Prostate	4,890	234,460
Female Breast	4,630	212,920
Colorectal	3,310	148,610
All Sites	32,140	1,399,790

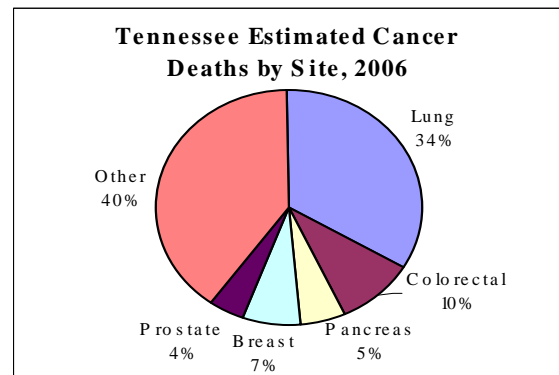
CANCER TAKES TOO MANY LIVES IN TENNESSEE

Cancer has now surpassed heart disease as the leading cause of death in the United States for those under 85. Scientific evidence suggests that about one-third of the 564,830 cancer deaths expected to occur in 2006 will be related to nutrition, physical activity and overweight or obesity, and thus could also be prevented. In the US, cancer causes one of every four deaths. In 2006, approximately 12,970 residents of Tennessee will die from this disease. Five cancer sites (lung, colorectal, pancreas, female breast and prostate) will contribute to the majority of deaths (Figure 2).

NOT EVERYONE WITH CANCER DIES FROM CANCER

If detected early, effective treatment is available for most cancers. Thus for these cancers, early detection saves lives.

Figure 2: Cancer Deaths by Site



For example, early detection of breast cancer in women 50 years and older has decreased breast cancer mortality by 30%. Due to early detection and improved treatment, more cancer patients are alive today than ever before.

The analysis of cancer data allows an assessment of the picture of cancer in Tennessee and the need for cancer prevention and control activities. These patterns indicate opportunities for community and personal action to reduce the number of cancer cases and deaths through prevention, early detection, and treatment of the disease.

Lung Cancer

New Cases: An estimated 174,470 new cases of lung cancer are expected to be diagnosed in the United States in 2006. Approximately 4,680 will come from Tennessee.

Deaths: There will be an estimated 162,460 deaths in 2006, accounting for 29% of all cancer deaths in the United States. Tennessee expects to see 4,360 deaths from lung cancer in 2006. Death rates have continued to decline significantly in men since 1991 by about 1.9% per year. Female death rates have recently reached a plateau after continuously increasing for several decades.

Signs and Symptoms: Persistent cough, sputum streaked with blood, chest pain, and recurring pneumonia or bronchitis.

Risk Factors: Cigarette smoking is by far the most significant risk factor in the development of lung cancer.

Early Detection: Because symptoms often do not appear until the disease is advanced, early detection is difficult. Chest x-ray, analysis of cells contained in sputum, and fiberoptic examination of the bronchial passages assist in diagnosis. In those who stop smoking when pre-cancerous changes are found, damaged lung tissue often returns to normal.